

PHYSICIAN ORDER - HEAVY DUTY/EXTRA HEAVY DUTY WHEELCHAIR

PATIENT NAME: _____

THE INFORMATION BELOW MAY NOT BE COMPLETED BY THE SUPPLIER OR ANYONE IN A FINANCIAL RELATIONSHIP WITH THE SUPPLIER.

ESTIMATED LENGTH OF NEED: _____ (LIFETIME = 99)

DIAGNOSIS CODES: _____

TYPE OF WHEELCHAIR ORDERED: HEAVY DUTY K0006 EXTRA HEAVY DUTY

ACCESSORIES WITH HCPCS CODE: ANTI-TIPPERS E0971 EXTRA LONG HAN
 PELVIC BELT E0978 ELEVATING LEG RESTS DETACHABLE ARM
E0990 QUANTITY () ADJ HEIGHT E097

EXTRA WIDE SEAT FRAME GREATER THAN OR EQUAL TO 20 IN AND LESS THAN

OTHER: _____

- 1 Does the patient have a mobility limitation that significantly impairs their ability to perform on or more **MRADLs**? **MRADL = Mobility Related Activities of Daily Living** (i.e. toileting, feeding, dressing, grooming or bathing in customary areas within the home) YES
- 2 Will this provision of a manual wheelchair significantly improve the patient's ability to perform **MRADLs**? YES
- 3 Is there a **CONSISTENT CAREGIVER** available to assist the patient with the use of the manual wheelchair? YES
- 4 Is the patient (or caregiver) willing to operate the wheelchair **SAFELY**? YES
- 5 Can the mobility limitation be resolved with the use of an appropriately fitted **CANE** or **WALKER**? YES
- 6 Does the patient **TYPICAL HOME ENVIRONMENT** support the use of a manual wheelchair? YES
- 7 Does the patient have sufficient use of their **UPPER EXTREMITIES** to **SELF-PROPEL** a manual wheelchair? YES

FOR HEAVY DUTY WHEELCHAIRS IF PATIENTS WEIGHS 250 POUNDS OR LESS

- 8 Does the patient have severe spasticity? YES

Physician Name: _____

NPI: _____

Physician Signature: _____

Date: _____

AIRS



ITY K0007

IDGRIPS E0961

MREST WITH
3 QUANTITY ()

AN 24 E2201

NO

NO

NO

NO

NO

NO

NO

NO
